

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004734

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 209

STATE FILE NUMBER

1. PLACE OF DEATH

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clayton

Length of stay in 1b
20 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION County Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY
OR TOWN

7036 Corbitt

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

University City

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First. JOHN

Middle W.

Last WITTHAUS

4. DATE
OF DEATH

Month Jan.

Day 20,

Year 1963

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-19-1876

9. AGE (last birthday)
86

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Barber Supply

11. BIRTHPLACE (City and state or country)

Lincoln County Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Simon Witthaus

13b. MOTHER'S MAIDEN NAME

Veronica Rusch

14. NAME OF HUSBAND OR WIFE

Theresa Witthaus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Theresa Witthaus, 7036 Corbitt, University City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line. If more than one, list them in order of importance.)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

1 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (s)

Heart Disease, High Blood Pressure, 19 Jan. 1963

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 12 1961 to April 10 1962 and last saw her alive on Oct. 12 1962

Death occurred at 9:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

6651 Euclid, Moberly, Mo. 21 Jan 63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Jan 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

Zion Cemetery

23d. LOCATION (City, town, or county)

Lincoln County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Kemper-Marsh Funeral Home, Troy, Mo.

25. DATE RECD. BY LOCAL REG.

1-21-63

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

Dr. Magnus
6651 Enright

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Vernon S. Vedder

Licensed Embalmer No.

5031

P. O. Address

6175 Delmar

St. Louis 12, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.